

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):  <hr/> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>TELEPHONE NO.:</div> <div>FAX NO. (Optional):</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div>E-MAIL ADDRESS (Optional):</div> <div></div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div>ATTORNEY FOR (Name):</div> <div></div> </div>	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER:  RESPONDENT:	
<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"><b>PETITION:</b></div> <div> <input type="checkbox"/> To Correct  <input type="checkbox"/> To Confirm  <input type="checkbox"/> To Vacate (Cancel)  <input type="checkbox"/> For Trial in a Pending Action After         </div> </div> <b>ATTORNEY-CLIENT FEE ARBITRATION AWARD</b>	
<b>Jurisdiction (check all that apply):</b> <input type="checkbox"/> <b>Action is a limited civil case</b> Amount demanded <input type="checkbox"/> does not exceed \$10,000 <input type="checkbox"/> exceeds \$10,000, but does not exceed \$25,000 <input type="checkbox"/> <b>Action is an unlimited civil case (Exceeds \$25,000)</b>	CASE NUMBER:

**NOTICE:** Please read *Information Regarding Rights After Attorney-Client Fee Arbitration* (form ADR-103A) before completing this form. You cannot use this form if (1) the attorney-client fee arbitration award is not binding, and (2) no lawsuit has been filed in court concerning the attorney fees that are in dispute. If no lawsuit has been filed and you do not want the attorney-client fee arbitration award to become binding, you must file your own action in the proper court within 30 days after the notice of arbitration award was mailed to you. If you do not file an action within 30 days, the arbitration award will become binding, and you only will be able to request that the court correct, confirm, or vacate the award.

**Do not use this form in a small claims action. Use forms SC-100 and SC-101.**

1. **Petitioner (name):**  
(representative capacity, if any):
  
2. **Respondent (name):**  
(address):
  
3. **Date of attorney-client fee arbitration.** On or about (date): \_\_\_\_/\_\_\_\_/\_\_\_\_, petitioner and respondent entered into arbitration pursuant to Business and Professions Code sections 6200–6206 for determination of disputed attorney fees.
4. **Parties.** At the arbitration hearing, petitioner was ☐ attorney ☐ client
5. **Date of notice of arbitration award.** Notice of the arbitration award was mailed to petitioner on (date): \_\_\_\_/\_\_\_\_/\_\_\_\_.
6. **Arbitration award.** The award made after the arbitration hearing
  - a. ☐ requires the ☐ attorney ☐ client to pay the other party this amount \$
  - b. ☐ requires neither the attorney nor the client to pay the other anything.
7. **Amount in dispute.** The amount of fees and costs in dispute is: \$

PETITIONER:	CASE NUMBER:
RESPONDENT:	

8. ☐ **Binding award**

a. The award made after the arbitration hearing was binding because *(check at least one box)*:

- (1) ☐ The attorney and client agreed in writing to have binding arbitration. *(Attach a copy of this agreement.)*  
 (2) ☐ More than 30 days have passed since the award document was mailed and no request for a trial has been filed.

b. **Petitioner's request**

I request that the court:

(1) ☐ *(Correct award)* Correct the award as follows:

(i) Reason award should be corrected *(please select one of the following)*:

- A. ☐ The amount of award was not calculated correctly or a person, thing, or property was not described correctly.  
 B. ☐ The arbitrators exceeded their authority.  
 C. ☐ The award is imperfect as a matter of form.

(ii) Correction requested *(specify)*:

(2) ☐ *(Vacate award)* Vacate (cancel) the award as follows:

(i) Reason award should be vacated *(please select one of the following)*:

- A. ☐ The award was obtained by corruption, fraud, or other unfair means.  
 B. ☐ One or more of the arbitrators was corrupt.  
 C. ☐ The misconduct of a neutral arbitrator substantially prejudiced my rights.  
 D. ☐ The arbitrators exceeded their authority and the award cannot be fairly corrected.  
 E. ☐ The arbitrators unfairly refused to postpone the hearing or to hear evidence useful to settle the dispute.  
 F. ☐ An arbitrator failed to disclose within the time for disclosure a ground for disqualification of which the arbitrator was then aware.  
 G. ☐ An arbitrator should have disqualified himself or herself after I made a demand to do so.

(ii) Explain the circumstances *(specify)*:

(iii) I ☐ do ☐ do not request a new arbitration hearing.

(3) ☐ *(Confirm award)* Confirm the award.

9. ☐ **Nonbinding award**

a. The award made after the arbitration was **not** binding because the attorney and client did **not** agree in writing after the dispute arose to have binding arbitration, and 30 days have **not** passed since the award document was mailed.

b. **Pending Action.** A court action (case) involving this attorney-client fee dispute is pending.

*(Your request for a trial must be filed in the court where that action is pending under the same case number.)*

c. **Appearance at arbitration.**

(1) ☐ I appeared at the arbitration hearing.

(2) ☐ I did not appear at the arbitration, but the award does not contain a finding that my failure to appear was willful.

d. **Petitioner's request**

☐ I reject the arbitration award and request a **trial** ("hearing de novo") in court to resolve the fee dispute.

*(NOTE: Do not check this box unless you also checked item 9, "Nonbinding award," above.)*

10. ☐ **Copy of award.** A copy of the arbitration award is attached.

Date:

(TYPE OR PRINT NAME)

(SIGNATURE OF PETITIONER OR ATTORNEY)